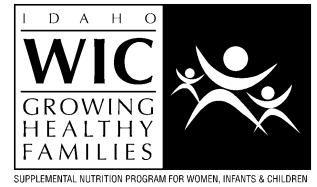


# Application for the Idaho WIC Program



DATE APPLIED

APPT DATE:

## SECTION A – Contact Information. Please complete all sections of the application.

<b>Responsible Adult</b>	FIRST	MI	LAST	MAIDEN NAME (if any)	DATE OF BIRTH (opt)
<b>Physical Address</b>	STREET		CITY	COUNTY	STATE ZIP CODE
<b>Mailing Address (if different)</b>	STREET		CITY	COUNTY	STATE ZIP CODE
<b>Telephone</b>	HOME		WORK OR MESSAGE		

## SECTION B – Applicant Information. Please answer the following questions.

- How many people are living in your household (include unborn child/ren)?
- Is anyone in your household receiving SNAP, TANF, Medicaid or CHIP?
 

no	yes
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- Is anyone in your household a migrant worker?
 

no	yes
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- What is the highest grade you have completed in school?

List all the individuals who are applying for WIC services. Include due date of unborn children in the space for name. (Ethnicity, sex and race data are for statistical purposes only. They are not used to determine eligibility. If you choose not to answer, WIC staff will select for you.)

### FOR WIC USE

LEGAL NAME FIRST NAME MI LAST NAME	SEX	ETHNICITY	RACE (check all that apply)	ID NUMBERS F _____
_____ Date of Birth _____	Male Female	Hispanic/Latino Not Hispanic/Latino	American Indian/Alaska Native Asian Black or African American Pacific Islander or Native Hawaiian White	
_____ Date of Birth _____	Male Female	Hispanic/Latino Not Hispanic/Latino	American Indian/Alaska Native Asian Black or African American Pacific Islander or Native Hawaiian White	
_____ Date of Birth _____	Male Female	Hispanic/Latino Not Hispanic/Latino	American Indian/Alaska Native Asian Black or African American Pacific Islander or Native Hawaiian White	
_____ Date of Birth _____	Male Female	Hispanic/Latino Not Hispanic/Latino	American Indian/Alaska Native Asian Black or African American Pacific Islander or Native Hawaiian White	